

help move America in that direction. Many of our farmers are figuring it out. We need programs to help them finance the development of the new infrastructure and the production facilities that are necessary to green up this industry. They need the President's help to do it so they are not bought out by Big Oil and by companies that really don't want them to bring up this new industry. But the President really doesn't know how to create it. His Secretary of Agriculture isn't doing it.

We could have programs like title IX in USDA funded at \$1 billion. We struggle to even get \$25 million or \$23 million in our committee, which is laughable in terms of a trade deficit in oil of over \$60 billion and counting.

The President's Cabinet members are not energy-focused. The Secretary of Defense said energy isn't his job. He runs the largest instrument in this country that uses fuel, and energy independence isn't his job? He said that to us in committee.

Mr. Speaker, we need people in our country and the Presidency and this Congress who are self-made, not derivative, to lead America to a new independent energy age.

□ 2015

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. DREIER) is recognized for 5 minutes.

(Mr. DREIER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

SENATE HEALTH WEEK

Mr. GINGREY. Mr. Speaker, I ask unanimous consent to speak out of order for 5 minutes.

The SPEAKER pro tempore. Without objection, the gentleman from Georgia (Mr. GINGREY) is recognized for 5 minutes.

There was no objection.

Mr. GINGREY. Mr. Speaker, I rise tonight to applaud the United States Senate for bringing to the floor this week three critical pieces of health care legislation. Unfortunately, only one of the three still stands a chance to see an actual up-or-down vote on the Senate floor.

The rising cost of health care is an issue the Federal Government can no longer afford to ignore. The Department of Health and Human Services reports the cost of medical liability coverage and defensive medicine alone increases the amount taxpayers must pay for Medicaid, Medicare and other Federal health programs by as much as \$56 billion a year. So much more than the increased cost of malpractice premiums is the astronomical cost of defensive medicine.

Mr. Speaker, the Federal Government is seeing, as is every business and State legislature across America, their budget being crowded out by the skyrocketing costs of health care. We no

longer have the luxury to pretend that this is not a national crisis, and it demands not only our full attention, but our resolve to find real solutions.

Each and every year, the House of Representatives has tackled the tough issue of controlling the cost of health care. In this body, we have passed medical malpractice liability three times in the last 2 years. Each and every time, that piece of legislation has fallen victim to the inaction of the Senate, and each year our health care crisis continues to grow.

When someone we love brings a child into this world, we do not thank a trial lawyer for his hard work. When a family member is admitted to the emergency room after a heart attack, we do not feel relieved that there was a trial lawyer close by. And yet unless we do something soon to fix our medical liability system, we might discover it is far easier to find a lawyer in our community than to find a doctor.

Guaranteeing all Americans access to quality health care should be what drives this debate. Just think: The best medical care in the world goes to waste if there are not doctors in our community to deliver it.

There are many stories, Mr. Speaker, too numerous to tell, of quality physicians hanging up their stethoscopes to pursue other careers. When they are faced with soaring medical malpractice premiums and decreasing reimbursement, the best and the brightest are pursuing other career paths.

Ask your neighborhood physician if they would encourage their children to follow in their footsteps and to become a doctor. All too often you would get a resounding "no."

Unfortunately, there were not enough Senators yesterday who stood on the side of patients. There were not enough Senators yesterday who put quality health care above partisan politics. Once again, sensible medical malpractice reform legislation died in the Senate.

This sensible legislation is based on a proven system that is saving health care in Texas. H.R. 5, the Health Act, common-sense reform legislation for which I was the lead sponsor last year in this House is also based on a successful reform model from the State of California, that was enacted in 1978, called MICRA.

What we know, looking at these precedents is that reform works. Mr. Speaker, look at the medical malpractice premiums in 2003 for OB/GYNs in two different cities. In San Francisco, a city in a reform State, California, an average OB/GYN physician would pay \$40,000 a year for an annual policy. However, an OB/GYN physician practicing in Chicago, Illinois, a non-reform State, would pay an annual premium of \$139,000.

This is not a situation that can be righted overnight, but there are sensible reforms that provide necessary steps to transform the American health care system, and medical mal-

practice reform is certainly one of them.

Mr. Speaker, another good step towards transforming health care is Senate bill 1955, which the Senate is currently debating. The Health Insurance Marketplace Modernization and Affordability Act is legislation that is similar to H.R. 525, the Small Business Health Fairness Act, that we passed in this body. This bill was introduced by Representative SAM JOHNSON, and as I say, it passed the House last year. This legislation will reduce the cost of health benefits for small business and the self-employed by establishing the new national Association Health Plans, or AHPs, as they are known.

AHPs currently exist, but they are severely hampered by the administrative burden and the high cost of having to comply with 50 different sets of State insurance laws and regulations. These barriers have made it virtually impossible to start new plans, and they have forced many of these plans to close, thus greatly limiting the availability of affordable health insurance to small businesses.

Allowing an environment that will permit association or small business health plans to flourish will strengthen our health insurance markets by creating greater competition and more choices of health plans for small business. Greater competition will benefit consumers by driving down premiums and expanding access to coverage.

H.R. 525 is just another example of House Republicans showing the American people they get it done when it comes to healthcare reform. In regards to decreasing the cost of health care, expanding private insurance coverage to all Americans, and increasing the quality of the healthcare delivery system; patients across our country deserve our undivided attention and it's time for the Senate to act, or stand accountable.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. ETHERIDGE) is recognized for 5 minutes. (Mr. ETHERIDGE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

ASIAN PACIFIC AMERICAN HERITAGE MONTH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. LEE) is recognized for 5 minutes.

Ms. LEE. Mr. Speaker, I rise this evening to celebrate Asian Pacific American Heritage Month.

Mr. Speaker, I would like to thank a great leader, our colleague, Congressman HONDA, and the Asian Pacific American Caucus, of which I am a very proud member, for organizing later this night a special order to honor the contributions of Asian Pacific Americans.

Mr. Speaker, I cannot help but first recall and remind us of the great leadership of our beloved Congressman Bob